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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the **Application Number** 10/672,995 TRANSMITTAL Filing Date 09/25/2003 **FORM** First Named Inventor Hsu, Ming-Tay Art Unit 2875 **Examiner Name** Sandra O'Shea (to be used for all correspondence after initial filing)

	tal Number o	of Pages in	This Submission	12	Attorney Docket Numb	er B	BP3028-S21-P94		
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	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement				Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocational Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address	After Allowance Communication to Tompeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	rc .	
	Certified (Documen Reply to M Incomplet Reply to M Incomplet	it(s) Missing F te Applica eply to M	Parts/ ation issing Parts FR 1.52 or 1.53	Remark	The Claim changed so the	carperable on CD Le Claim number should not be carped by the applicant. The applicant to-sends amendment. ICANT, ATTORNEY, OR AGENT			
Firm N	ame								
Printed name Hsu, Mi		Ming-Tay							
Date			11/04/2005			Reg. No.	T	\dashv	
the dat	nt postage e shown be	as tirst c	respondence is be	ing facsim	ATE OF TRANSMIS nile transmitted to the USF ressed to: Commissioner	PTO or denosi	LING iited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on		
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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Hsu, Ming-Tay Art Unit:

2875

Series No

10/672,995

Supervisory

Sandra O'Shea

Patent

Examiner:

Filed

09/25//2003

Title

Touch controlled lighting emitting device

Mail Stop Amendment

Honorable Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Responsive to the Official Action dated 10/05/05, please amend the above referenced application as following:

According to the Office action, the applicant amends the original dependent claim 7, cancels the original claims 1-6 and 8, and the